

PART B - FEE(S) TRANSMITTAL

B/4

DEC 12 2007

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2352 7590 10/16/2007

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Robert C. Faber	(Depositor's name)
<i>Robert C. Faber</i>	(Signature)
December 7, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/573,605	04/26/2006	Johannes Weiermair	P/3240-109	9796

TITLE OF INVENTION: **ROLLING MILL DRIVE WITH A COUPLING AND DECOUPLING DEVICE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/16/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SUHOL, DMITRY	3725	072-249000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

OSTROLENK, FABER, GERB & SOFFEN, LLP

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VOEST-ALPINE INDUSTRIEANLAGENBAU GMBH & CO.

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

 Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 = \$ 30.00 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Authorized Signature

Robert C. Faber

Typed or printed name

December 7, 2007

Date

24,322

Registration No.

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